Attachment 4.35-F

Revision: HCFA-PM-95-4 (HSQB)

JUNE 1995

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STATE PLAN UNDER TITLE XIX C	OF THE SOCIAL SECURITY ACT				
State/Territory: North Caro	lina				
ELIGIBILITY CONDITION	IS AND REQUIREMENTS				
Enforcement of Compliance	for Nursing Facilities				
State Monitoring: Describe the criteria applying the remedy.	(as required at \$1919(h)(2)(A)) for				
X Specified Remedy	Alternative Remedy				
(Will use the criteria and notice requirements specified in the regulation.)	(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)				

TN No. 95-12 Approval Date: 16-23-95 Supersedes
TN No. 90-12 Effective Date: 7/1/95